

09/685,382

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		11/25/00
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

685-15-26 00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
	Restricted	O	Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
6		6		6	
7		7		7	
8		8		8	
9		9		9	
10		10		10	
11		11		11	
12		12		12	
13		13		13	
14		14		14	
15		15		15	
16		16		16	
17		17		17	
18		18		18	
19		19		19	
20		20		20	
21		21		21	
22		22		22	
23		23		23	
24		24		24	
25		25		25	
26		26		26	
27		27		27	
28		28		28	
29		29		29	
30		30		30	
31		31		31	
32		32		32	
33		33		33	
34		34		34	
35		35		35	
36		36		36	
37		37		37	
38		38		38	
39		39		39	
40		40		40	
41		41		41	
42		42		42	
43		43		43	
44		44		44	
45		45		45	
46		46		46	
47		47		47	
48		48		48	
49		49		49	
50		50		50	
51		51		51	
52		52		52	
53		53		53	
54		54		54	
55		55		55	
56		56		56	
57		57		57	
58		58		58	
59		59		59	
60		60		60	
61		61		61	
62		62		62	
63		63		63	
64		64		64	
65		65		65	
66		66		66	
67		67		67	
68		68		68	
69		69		69	
70		70		70	
71		71		71	
72		72		72	
73		73		73	
74		74		74	
75		75		75	
76		76		76	
77		77		77	
78		78		78	
79		79		79	
80		80		80	
81		81		81	
82		82		82	
83		83		83	
84		84		84	
85		85		85	
86		86		86	
87		87		87	
88		88		88	
89		89		89	
90		90		90	
91		91		91	
92		92		92	
93		93		93	
94		94		94	
95		95		95	
96		96		96	
97		97		97	
98		98		98	
99		99		99	
100		100		100	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

FILE INSIDE